



Did a caregiver, staff member or volunteer make a difference during your time at the Winchester District Memorial Hospital? You can recognize them by making a donation to support the WDMH Foundation, in their honour. Your chosen Caregiver will then receive acknowledgment of your gratitude as well as a unique lapel pin to proudly wear throughout the hospital.



HONOUR YOUR CAREGIVER

DONATION FORM

Your Name: _____

* Provide my name to my Caregiver(s) or Department(s) YES NO

* Address: _____

* City: _____ * Province: _____

* Postal Code: _____ * Day Phone: _____

Email: _____

Yes, I would like to receive quarterly e-updates about the Foundation and have provided my email address.

Name of Caregiver(s) or Department(s): _____

Occupation (e.g. nurse, physician, volunteer, etc.): _____

Reason for honouring: _____

Yes, I would be interested in sharing my story.

Gift Amount: \$ _____

**Please complete these fields so that we may issue you an official income tax receipt for your gift.*

Payment method: VISA MC Cheque Cash _____

Card # _____ Exp. Date: _____

CVV _____ This is a corporate credit card

Name as shown on credit card (Please Print): _____

Signature: _____

My cheque is enclosed
 (Please make cheque payable to the WDMH Foundation)

Charitable Registration Number 89282 4368 RR0001



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